Utah's Division of Child and Family Services

Southwest Region Report

Qualitative Case Review Findings

Review Conducted
May 19 - 23, 2008

A Report by

The Office of Services Review, Department of Human Services

Table of Contents

I. Introduction

The Southwest Region Qualitative Case Review for FY 2008 was held the week of May 19-23, 2008. Reviewers representing the Office of Services Review, Division of Child and Family Services and community partners participated in the review. There were 24 cases reviewed.

On June 28, 2007 Judge Tena Campbell approved an agreement to terminate the David C. lawsuit and dismiss it without prejudice. This ended formal monitoring by the Court Monitor and changed the focus of qualitative case reviews. Rather than focusing on whether or not a region meets the exit criteria, the primary focus is now on whether the region is advancing or declining, with a secondary focus on whether the region is above or below standard, with the 85% and 70% levels that were part of the exit criteria being the standards. Particular attention is drawn to indicators that show a "marked decline," which is a decline of 8.34 percent or more from the standards set forth in the Milestone Plan.

II. System Strengths

In the course of the review, many system strengths or assets were observed in individual case practice. The following list of strengths was compiled from an analysis of the strengths identified during the exit conference and from the reviewers in specific cases. Not every strength is noted. Each strength contributes to improved and more consistent outcomes for specific children and families. Most strengths fell into the following three categories: Child and Family Assessment, Worker Professionalism and Tracking and Adaptation.

Child and Family Assessment had a marked decline last year. The Southwest Region developed an action plan to address the decline. The scores for Child and Family Assessments rose 14% in the 2008 review to above standard.

Child and Family Assessments

- There are some good formal and informal assessments being done.
- Better Child and Family Teaming has really helped in the sharing of information in the informal assessment process. Assessment is a regular topic at all of the child and family meetings in many cases.
- Accessing the community partners for the important pieces of information they have about a family has helped with the informal assessing process as well as the formal assessments.
- There was good assessing of what a family needed to move ahead with the adoption process.
- Preparing a family for a child coming into the home was an important part of one case. The workers assessed what was needed and educated the family on what to expect with the child coming into the family.
- The schoolteacher played an important role in assessing how the child was doing.
- The worker involved the child in assessing what was working and what needed to change in the placement.

- The number and kind of assessments have increased. One target child had numerous assessments that led to incredible progress over the last seven months. His assessments included psychological evaluations, educational testing, IEP, ongoing medication monitoring and management, behavioral assessments, ongoing therapy sessions and monitoring and the Child and Family Assessment that was kept updated and accurate.

Worker Professionalism

- Workers are skilled at building rapport and trust with families, even in cases that could be adversarial.
- Building a relationship with foster parents is an ongoing process. Foster parents and workers share information and listen to concerns and needs.
- DCFS has improved relations with the community at large. The respect has increased. Judges also noted that the workers are professional.
- When workers leave, whether it is a short-term situation or permanent, the teams get together, share responsibility and work together to ensure families and children are kept safe.
- Training is ongoing. Workers share information with each other and supervisors make an effort to get training for workers if there is a concern that needs to be addressed.
- The support staff is part of the team and works hard to support the workers.

Tracking and Adaptation

- The team prioritized the needs of the family to get the case on track.
- Additional resources were added as they seemed to be needed and when they were available. Some resources used were CASA, peer parents, and on-line courses.
- The therapist was changed when the team identified a need.
- The plan was modified as the wants and needs of the target child changed. Issues of the past were appropriately dropped and the team adapted to the current situation.

III. Stakeholder Observations

The results of the QCRs should be considered within a broader context of local or regional interaction with community partners. The Office of Service Review staff supporting the Qualitative Case Reviews interview key community stakeholders such as birth families, youth, foster parents, providers, and representatives from the legal community, other community agencies, and DCFS staff. This year the Qualitative Case Reviews in the Southwest Region were supported by a total of twelve interviews. There were seven focus groups: DCFS caseworkers, DCFS supervisors, Health Care Coordinators, Foster Parents, Transition into Adult Living Girls Group Home, the Region Executive Team, and the Quality Improvement Committee. There were also five individual interviews including an elementary school principal, a guardian ad litem, the regional director, an assistant attorney general, and the Director of the Paiute Tribe Office.

The information from the stakeholder observations will be organized around the broad questions asked during the focus groups and interviews. Obviously, not everyone commented nor agreed upon the answer to every question. Where there appeared to be some consensus, their comments are noted:

What are the Strengths?

Programs Working Efficiently:

- There is a new kinship program called "Kin for Kids." This program was created to reduce the number of children who re-enter custody. There is also a cluster group for parents with kinship placements, which provides support and training.
- The Southwest Region has three Quality Improvement Committees (Cedar City, Washington County and Sevier County.) Many agencies, businesses, and private citizens are represented on the Quality Improvement Committees. They are working together to change the public perception of DCFS, interact with members of the community more and provide success stories and positive feedback to the media. One committee had a dinner for workers nominated by community members for their good work. They are hoping this helps with worker retention.
- The cluster groups are working well. The foster parents have built strong relationships with each other and are the best resource of information. Foster parents have someone to call and can talk through a problem if needed. Mothers who have fostered for several years know more resources than new workers. Information is shared.
- The Regional Adoption Committee is working well. They meet every other Monday and are very accessible to families and workers.

Strengthening Community Ties and Communication:

- The Immersion Day helped people understand the system and know that it is not just DCFS, but the whole community that serves children. There were fifty people who attended and it was a very diverse group. There is now a group of informed critics who understand the process. There has been a change in the citizens' perception and understanding of DCFS.

- It is easier to communicate with the community partners. Workers and clients are able to contact Southwest Mental Health more directly.
- Some of the health care workers are being asked to attend Child and Family Team Meetings or be available by phone. The teams include legal partners, domestic violence workers, drug and alcohol agencies and secondary workers. There are more secondary workers supporting the team.
- Several of the groups interviewed noted that having a new regional director was a good change. There is a new perspective on how things are done and everyone is comfortable working with her.
- One of the girls' group homes said they have the phone numbers of caseworkers, supervisors and administration to call if needed. They feel comfortable calling other DCFS staff or administration if the caseworker cannot be reached.
- There is great partnering happening with the community and especially with the Paiute Tribe. There is now a Memorandum of Understanding. The Tribe is more involved and a lot of information is being shared. DCFS is working to understand the Native American culture better. The workers have attended training specific to the Paiute Tribe. They are collaborating on a grant to strengthen families and combining resources.
- There is now a central intake number and things are much more uniform. Constituent Services is addressing valid concerns.
- The schools work closely with DCFS. They are always invited to Child and Family Team Meetings, 24-hour staffings, and multi-disciplinary meetings. They are included on the e-mail list for information being shared and are always informed when the State takes a child from the school into custody.

Increased Professionalism:

- Camaraderie in the offices is good. The workers get along and reach out to help each other. New workers feel like they can go to any experienced worker or staff for help at anytime. Workers feel like they are listened to. There is no need to go through a chain of command in order to get answers.
- The region created an improvement plan for the assessment process. There has been more individualized work on assessments. Supervisors are helping to identify strengths and challenges. Training on assessments and teaming is done in staff meetings.
- There is professional respect and communication between supervisors in the various offices.
- The Senior Assistant Caseworkers assume additional administrative responsibilities when needed. People feel supported on all levels.
- The judges and court personnel are impressed at the professionalism shown in the courtroom. The workers look professional and dress and act appropriately.

Improved Training:

- DCFS allows workers to go to other agency trainings as well as offering training opportunities within their agency. After attending outside trainings, the workers come back and train others. Some examples include ICWA, Children's Justice Center,

Adoption Conference, NOJOS, and the Children's Center. The training calendars are a great resource.

- Workers have access to specialists if they need additional help with a client, a case, or a skill. Clinical workers are always available to help on cases.
- A lot of help is received from people in the DCFS State Office.
- The workers are coming out of training better trained and have good skills and knowledge to do their jobs. Cases are assigned gradually and newer workers are mentored and guided on cases.
- Advanced Practice Model Training was good at reminding seasoned workers about best practice. This has helped overall practice. This was part of the practice improvement plan due to the marked decline on assessment. The Safety Training has had a lot of great feedback. The new safety model has helped workers assess whether the child is safe and the criteria are clearer than before.
- The Practice Improvement Coordinator has been sending out e-mails about things to focus on. These are reminders and provide ongoing training, which has been helpful.

What are the challenges or barriers?

Limited Resources:

- The growth of the agency has not kept up with the growth of the community. There is an influx of people from Las Vegas and California. The issues and concerns seem to be greater, but the resources have not increased to meet these problems.
- There is only one part-time Resource Family Consultant for the whole region. Workers and foster families would like more. They feel cases have suffered since the full time position was eliminated.
- There is a shortage of mental health providers, dentists and orthodontists in each community.
- There are not enough vehicles in the DCFS fleet so workers have to use their own vehicles and the price of gas is very high. Workers don't get reimbursed soon enough. One worker cancelled a visit because she would have had to take her own car and she did not have enough money to fill the car with gas. There is one car assigned for red tags and the other car is for everyone else in the office, so cars are often not available.
- A growing population in the system is children of disrupted adoptions. This includes not only DCFS adoptions but also adoptions from others states and international adoptions. These children come into care. The workers try to do "carve outs" so children do not come into custody; however, preventive work is not often done because of lack of resources.

Lack of Placement Options:

- There is a lack of shelter homes. Boys ten years and older go to congregate care shelters because there is no other place for them. They are often there for long periods of time, which is detrimental and puts them at high risk.
- It is difficult to keep siblings together with the limited foster placements. When they are placed separately, visits can be difficult. Workers spend hours trying to coordinate times and arrange transportation.
- There are children with severe issues who are going to the State Hospital or high cost care facilities because there is no other place to go. The RISE placements have doubled. Children are coming out of the Juvenile Justice System and going into high cost placements.
- There are kids who are low functioning, but they do no qualify for DSPD. They don't function well enough to live on their own so the judges are ordering DCFS to keep them for longer periods of time.
- There is a great need for structured care placement options.

Training Concerns:

- The caseworkers need to be trained to ask about health care needs when they do home visits. Sometimes there is confusion about who is responsible to see that the Health Visit Reports are sent to the health care coordinators and put into the file.
- There is an increase of Fetal Alcohol Effect, Autism, Aspergers, ADHD, Reactive Attachment Disorder and severe behaviors. There are more children with compromised brain functioning. More training and more resources are needed.
- Structured training for foster families is a concern. The region requires there be "x" number of families before training is scheduled. There have been times when a family came forward to do structured care, but there was not training available for several weeks.

Increased Case Loads

- The region has many vacant caseworker positions. Some of the vacancies are temporary because of workers on FMLA, so they cannot be filled. On one team the workforce is down 80%. There are two workers on maternity leave and one has a six-month leave. Another team has no supervisor, one worker moving to another team and one worker leaving DCFS. Other workers have to absorb the workloads and many workers are getting burned out.
- Some cases come into DCFS when there are delinquency issues, not abuse or neglect issues. This overloads the system.
- Caseloads have dramatically increased for the nurses. The number of cases about five years ago was around 80 and now it is up to 260. They are getting another nurse, which should help.

IV. Child and Family Status, System Performance, Analysis, Trends, and Practice Improvement Needs

The QCR findings are presented in graphic form to help quantify the observations of the qualitative assessment. Graphs show a comparison of scores for past years' reviews with the current review. The graphs of the two broad domains of Child and Family Status and System Performance show the percent of cases in which the key indicators were judged to be "acceptable." A six-point rating scale is used to determine whether or not an indicator is judged to be acceptable. Reviewers scored each of the cases reviewed using these rating scales. The range of ratings is as follows:

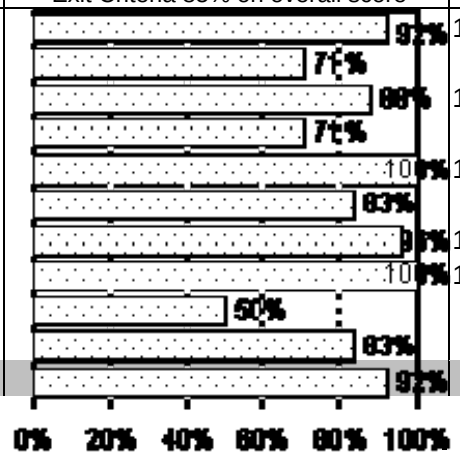
1: Completely Unacceptable
2: Substantially Unacceptable
3: Partially Unacceptable
4: Minimally Acceptable
5: Substantially Acceptable
6: Optimal Status/Performance

Child and Family Status and System Performance are evaluated using 22 key indicators (11 in each domain). Graphs presenting the overall, summative scores for each domain are presented below. Following the graphs of overall information, a graph showing the distribution of scores for each indicator within each of the two domains is presented. Later in this section brief comments regarding progress and examples from specific cases are provided.

Child and Family Status Indicators

Overall Status

Southwest Child Status	# of cases Acceptable	# of cases Needing Improvement	Exit Criteria 85% on overall score	FY04	FY05	FY06	FY07	FY08	Trend
Safety	22	2	92%	100%	100%	96%	91%	**92%**	
Stability	17	7	71%	92%	92%	79%	65%	**71%**	
Appropriateness of Placement	21	3	88%	100%	100%	100%	91%	**88%**	
Prospects for Permanence	17	7	71%	92%	88%	79%	61%	**71%**	
Health/Physical Well-being	24	0	100%	100%	100%	96%	100%	**100%**	
Emotional/Behavioral Well-being	20	4	83%	96%	92%	100%	87%	**83%**	
Learning Progress	23	1	96%	100%	96%	100%	100%	**96%**	
Caregiver Functioning	13	0	100%	100%	100%	100%	91%	**100%**	
Family Resourcefulness	7	7	50%	78%	94%	57%	75%	**50%**	
Satisfaction	20	4	83%	96%	100%	96%	100%	**83%**	
Overall Score	**22**	**2**	92%	**96%**	**100%**	**96%**	**91%**	**92%**	Above standards



Safety

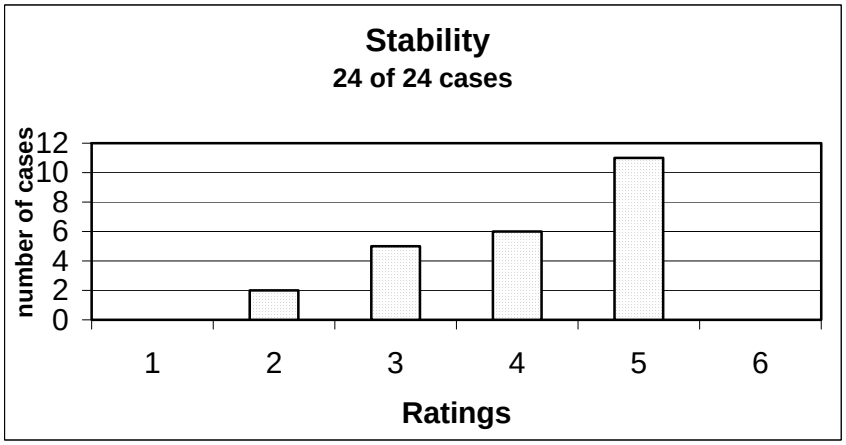
Summative Questions: Is the child safe from manageable risks of harm (caused by others or by the child) in his/her daily living, learning, working and recreational environments? Are others in the child's daily environments safe from the child? Is the child free from unreasonable intimidation and fears at home and school?

Findings: 92% of cases reviewed were within the acceptable range (4-6). This is up from last year's score of 91%. All but two cases were within the acceptable range.

Stability

Summative Questions: Are the child's daily living and learning arrangements stable and free from risk of disruption? If not, are appropriate services being provided to achieve stability and reduce the probability of disruption?

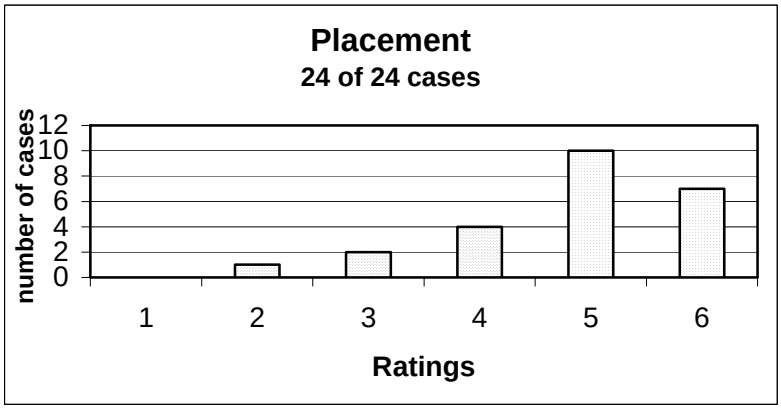
Findings: 71% of cases reviewed were in the acceptable range (4-6). This is up from 65% last year.



Appropriateness of Placement

Summative Questions: Is the child in the most appropriate placement consistent with the child's needs, age, ability and peer group and consistent with the child's language and culture?

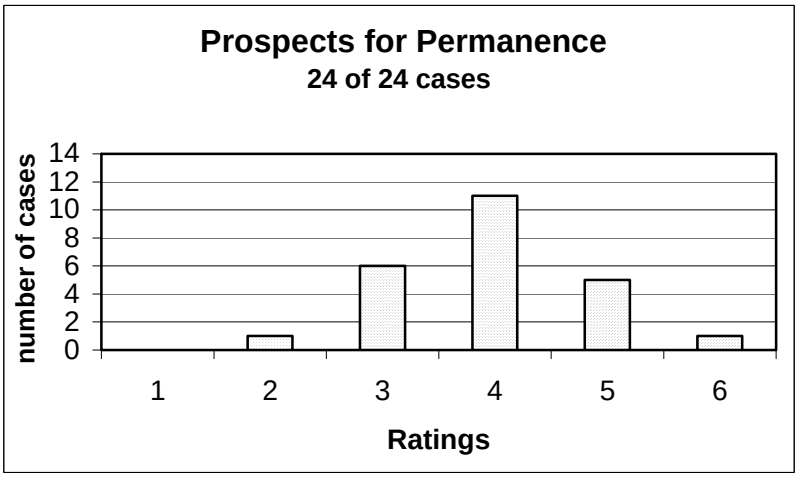
Findings: 88% of cases reviewed were in the acceptable range (4-6). This is slightly down from 91% last year.



Prospects for Permanence

Summative Questions: Is the child living in a home that the child, caregivers, and other stakeholders believe will endure until the child becomes independent? If not, is a permanency plan presently being implemented on a timely basis that will ensure that the child will live in a safe, appropriate, permanent home?

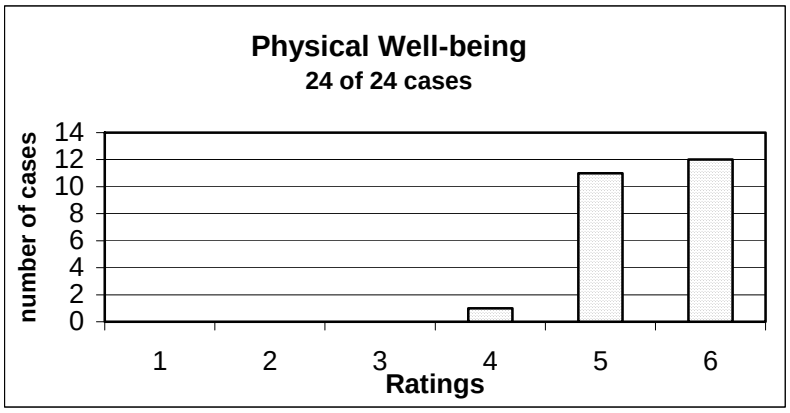
Findings: 71% of cases reviewed were within the acceptable range (4-6). This is up from last year's score of 61%.



Health/Physical Well-Being

Summative Questions: Is the child in good health? Are the child's basic physical needs being met? Does the child have health care services, as needed?

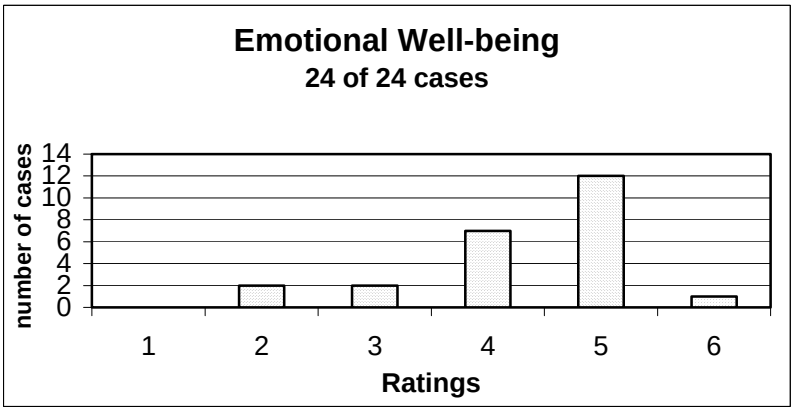
Findings: 100% of cases reviewed were within the acceptable range (4-6). For the past four out of five years in a row all children have had acceptable health status.



Emotional/Behavioral Well-Being

Summative Questions: Is the child doing well, emotionally and behaviorally? If not, is the child making reasonable progress toward stable and adequate functioning, emotionally and behaviorally, at home and school?

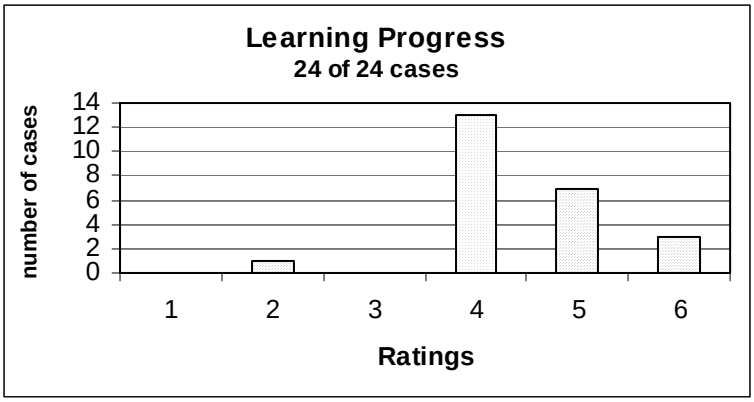
Findings: 83% of cases reviewed were within the acceptable range (4-6). There were only four cases in the unacceptable range.



Learning Progress

Summative Question: (For children age five and older.) Is the child learning, progressing and gaining essential functional capabilities at a rate commensurate with his/her age and ability? Note: There is a supplementary scale used with children under the age of five that puts greater emphasis on developmental progress. Scores from the two scales are combined for this report.

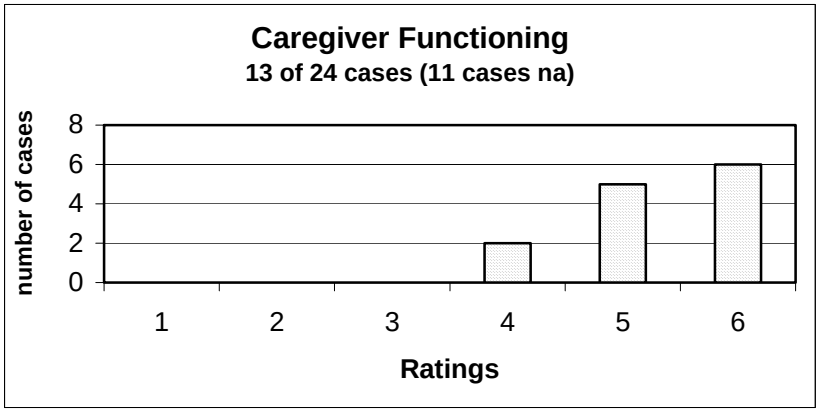
Findings: 96% of cases reviewed were within the acceptable range (4-6). There was only one case in the unacceptable range.



Caregiver Functioning

Summative Questions: Are the substitute caregivers with whom the child is currently residing willing and able to provide the child with the assistance, supervision, and support necessary for daily living? If added supports are required in the home to meet the needs of the child and assist the caregiver, are these supports meeting the need?

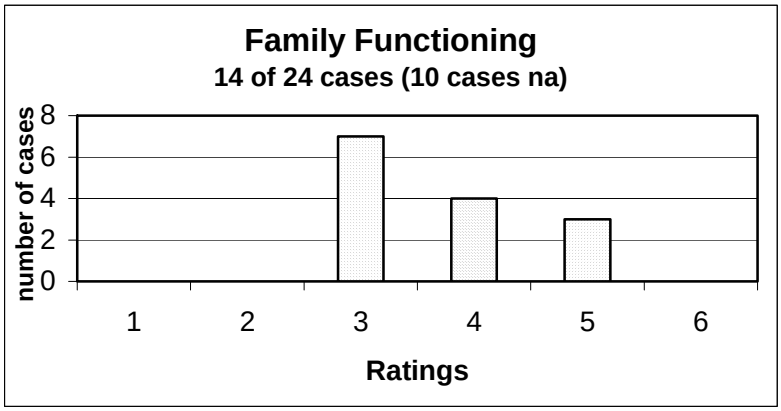
Findings: 100% of cases reviewed were within the acceptable range (4-6), and in all but two cases the child was receiving substantially adequate or optimal care giving.



Family Functioning and Resourcefulness

Summative Questions: Does the family with whom the child is currently residing or has a goal of reunification have the capacity to take charge of its issues and situation, enabling them to live together safely and function successfully? Do family members take advantage of opportunities to develop and/or expand a reliable network of social and safety supports to help sustain family functioning and well-being? Is the family willing and able to provide the child with assistance, supervision, and support necessary for daily living?

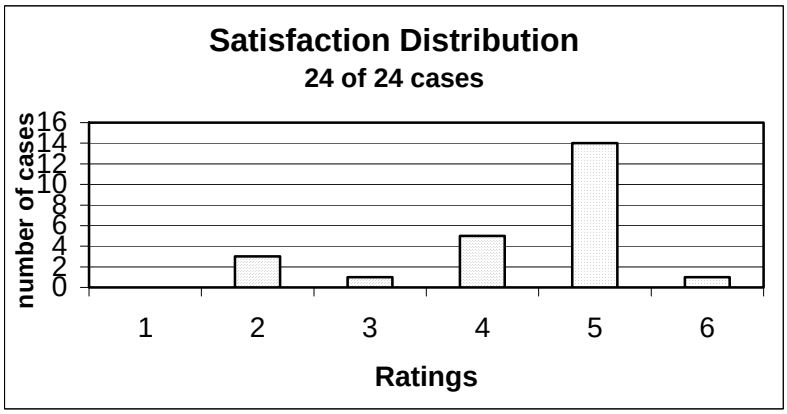
Findings: 50% of the cases that were scored on this indicator were within the acceptable range (4-6). This is a drop from last year's score of 75%.



Satisfaction

Summative Question: Are the child and primary caregiver satisfied with the supports and services they are receiving?

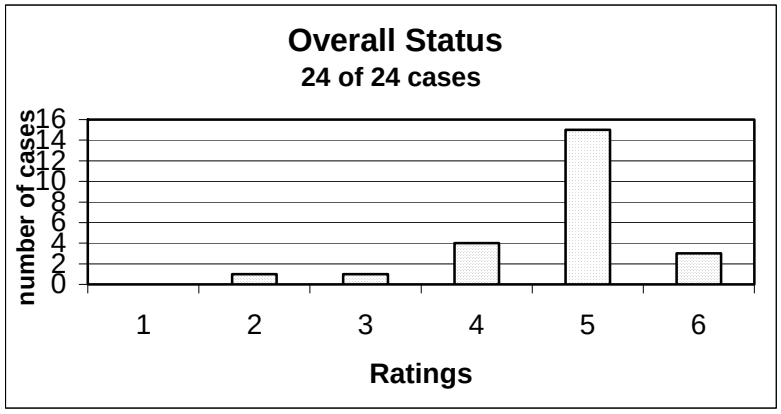
Findings: 83% of cases reviewed were within the acceptable range (4-6). This is down from 100% last year.



Overall Child and Family Status

Summative Questions: Based on the Qualitative Case Review findings determined for the Child and Family Status Exams 1-11, how well are this child and family presently doing? A special scoring procedure is used to determine Overall Child and Family Status using the 6-point rating scale detailed above. A special condition affects the rating of Overall Child and Family status in every case: The Safety indicator always acts as a "trump" so that the Overall Child and Family status rating cannot be acceptable unless the Safety indicator is also acceptable.

Findings: 92% of cases reviewed were within the acceptable range (4-6). This is a slight increase from last year's score of 91%.

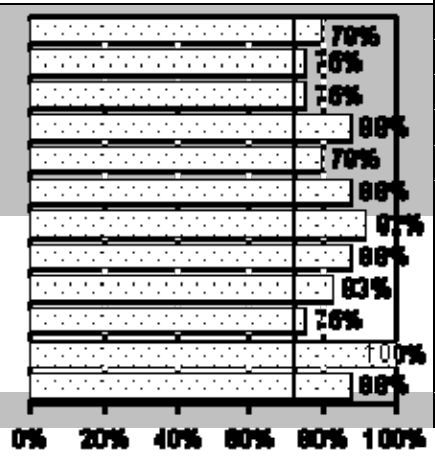


System Performance Indicators

Overall System

Southwest System Performance

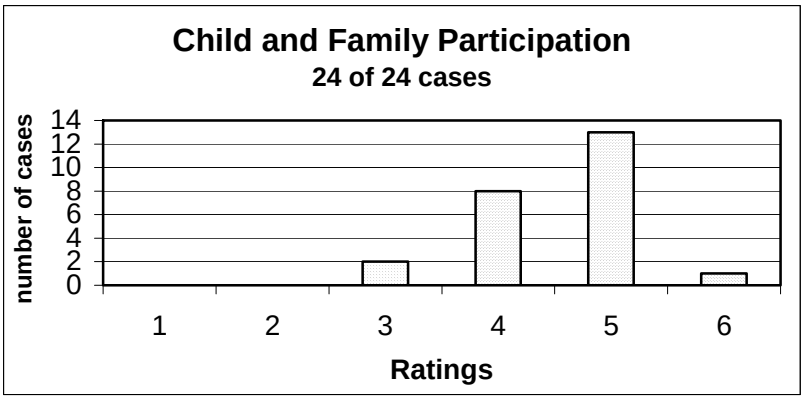
	# of cases Acceptable	# of cases Needing Improvement	Exit Criteria 70% on **Shaded** indicators Exit Criteria 85% on overall score	FY04	FY05	FY06	FY07	**FY08**	**Trend**
Child & Family Team/Coordination	19	5		96%	100%	92%	83%	**79%**	Decreased but above standards
Child and Family Assessment	18	6		83%	88%	71%	61%	**75%**	Above standards
Long-term View	18	6		88%	92%	83%	65%	**75%**	Above standards
Child & Family Planning Process	21	3		83%	96%	92%	83%	**88%**	Above standards
Plan Implementation	19	5		96%	100%	88%	83%	**79%**	Decreased but above standards
Tracking & Adaptation	21	3		96%	100%	92%	74%	**88%**	Above standards
Child & family Participation	22	2		96%	96%	88%	91%	**92%**	
Formal/Informal Supports	21	3		92%	100%	100%	91%	**88%**	
Successful Transitions	19	4		88%	100%	96%	74%	**83%**	
Effective Results	18	6		96%	100%	96%	83%	**75%**	
Caregiver Support	13	0		100%	100%	100%	100%	**100%**	
Overall Score	**21**	**3**		**92%**	**100%**	**92%**	**83%**	**88%**	Above standards



Child and Family Participation

Summative Questions: Are family members (parents, grandparents, and stepparents) or substitute caregivers active participants in the process by which service decisions are made about the child and family? Are parents/caregivers partners in planning, providing, and monitoring supports and services for the child? Is the child actively participating in decisions made about his/her future?

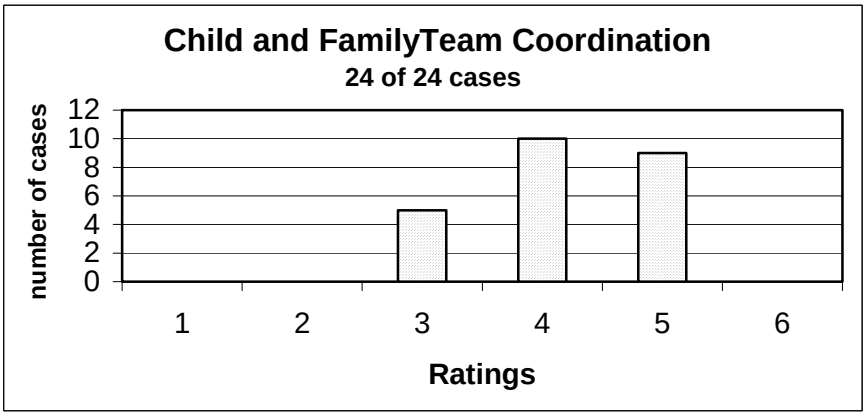
Findings: 92% of cases reviewed were within the acceptable range (4-6). This was about the same as last year's score of 91%.



Child and Family Team Coordination

Summative Questions: Do the people who provide services to the child/family function as a team? Do the actions of the team reflect a pattern of effective teamwork and collaboration that benefits the child and family? Is there effective coordination and continuity in the organization and provision of service across all interveners and service settings? Is there a single point of coordination and accountability for the assembly, delivery, and results of services provided?

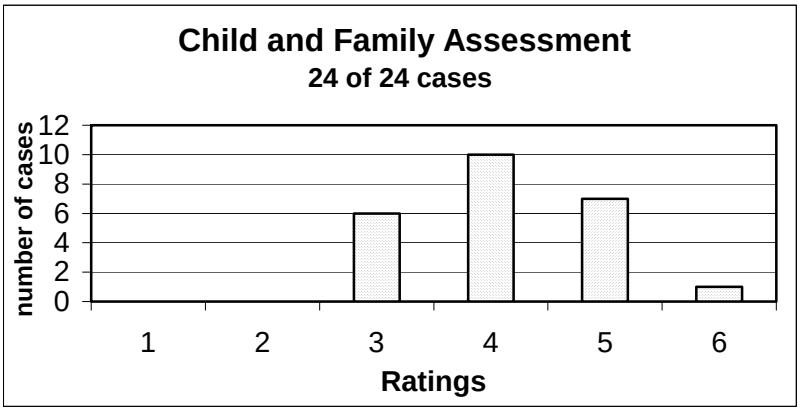
Findings: 79% of cases reviewed were within the acceptable range (4-6). This is down from 83% last year but is still above standard.



Child and Family Assessment

Summative Questions: Are the current, obvious and substantial strengths and needs of the child and family identified though existing assessments, both formal and informal, so that all interveners collectively have a "big picture" understanding of the child and family and how to provide effective services for them? Are the critical underlying issues identified that must be resolved for the child to live safely with his/her family independent of agency supervision or to obtain an independent and enduring home?

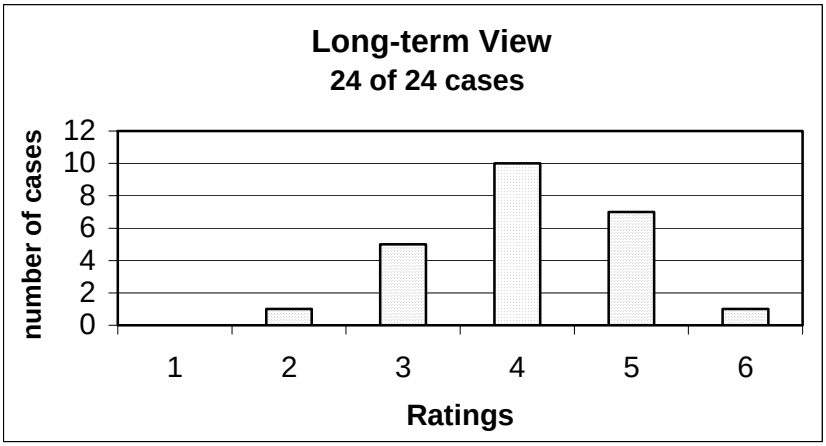
Findings: 75% of cases reviewed were within the acceptable range (4-6). This is up from last year's score of 61% and is above standard.



Long-Term View

Summative Questions: Is there an explicit plan for this child and family that should enable them to live safely without supervision from child welfare? Does the plan provide direction and support for making smooth transitions across settings, providers and levels of service?

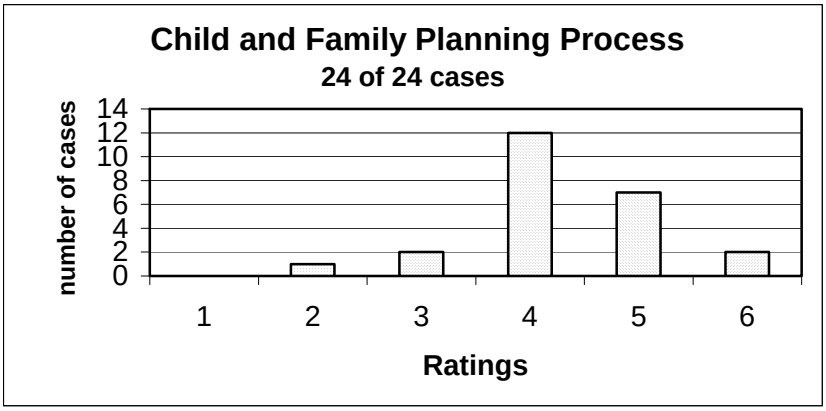
Findings: 75% of the cases reviewed were within the acceptable range (4-6). This indicator increased from 65% last year and is above standard.



Child and Family Planning Process

Summative Questions: Is the Child and Family Plan individualized and relevant to needs and goals? Are supports, services and interventions assembled into a holistic and coherent service process that provides a mix of elements uniquely matched to the child/family's situation and preferences? Does the combination of supports and services fit the child and family's situation so as to maximize potential results and minimize conflicting strategies and inconveniences?

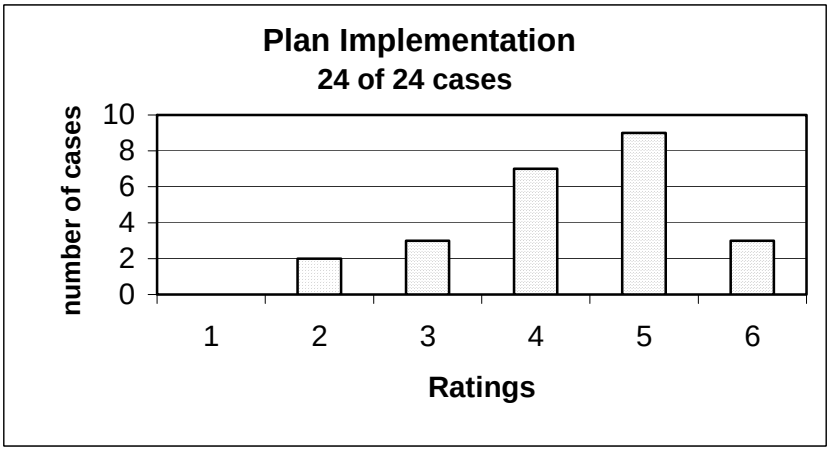
Findings: 88% of cases reviewed were within the acceptable range (4-6). This increased from 83% last year.



Plan Implementation

Summative Questions: Are the services and activities specified in the service plan for the child and family, 1) being implemented as planned, 2) delivered in a timely manner and 3) at an appropriate level of intensity? Are the necessary supports, services and resources available to the child and family to meet the needs identified in the Child and Family Plan?

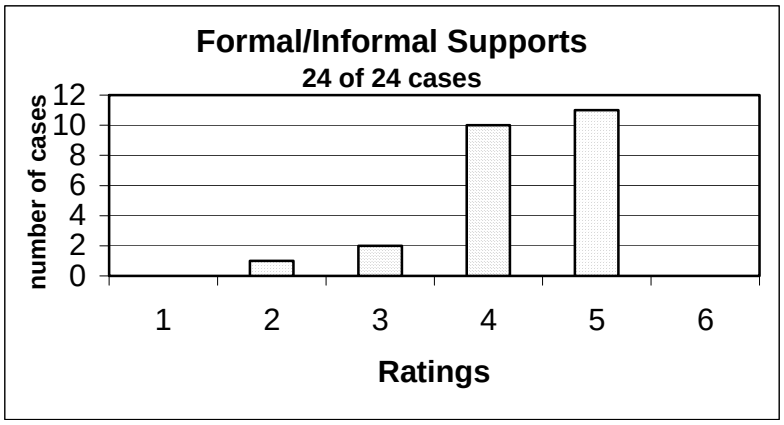
Findings: 79% of cases reviewed were within the acceptable range (4-6). This is a decline from 83% last year, but above standard.



Formal/Informal Supports

Summative Questions: Is the available array of school, home and community supports and services provided adequate to assist the child and caregiver reach levels of functioning necessary for the child to make developmental and academic progress commensurate with age and ability?

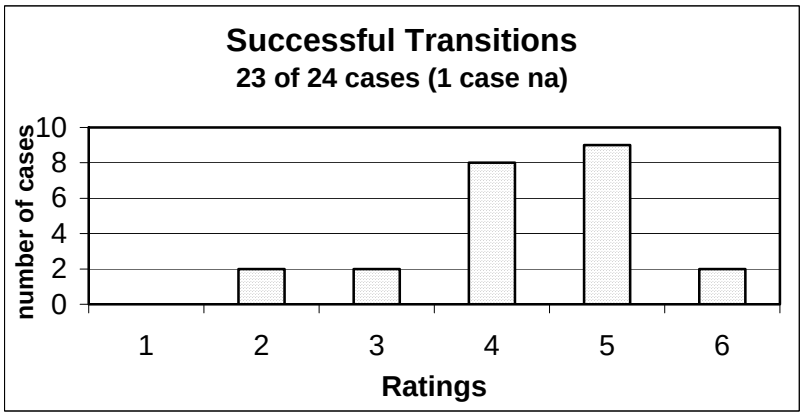
Findings: 88% of cases reviewed were within the acceptable range (4-6), slightly down from 91% achieved last year on this indicator.



Successful Transitions

Summative Questions: Is the next age-appropriate placement transition for the child being planned and implemented to assure a timely, smooth and successful situation for the child after the change occurs? If the child is returning home and to school from a temporary placement in a treatment or detention setting, are transition arrangements being made to assure a smooth return and successful functioning in daily settings following the return?

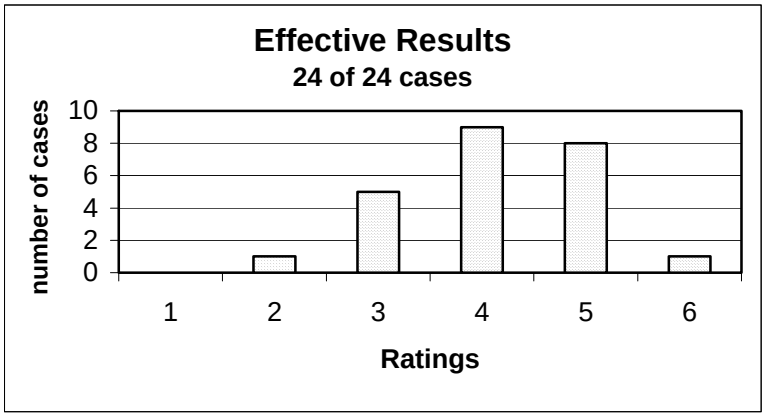
Findings: 83% of cases reviewed were within the acceptable range (4-6). This is an increase from last year's score of 74%.



Effective Results

Summative Questions: Are planned education, therapies, services and supports resulting in improved functioning and achievement of desired outcomes for the child and caregiver that will enable the child to live in an enduring home without agency oversight?

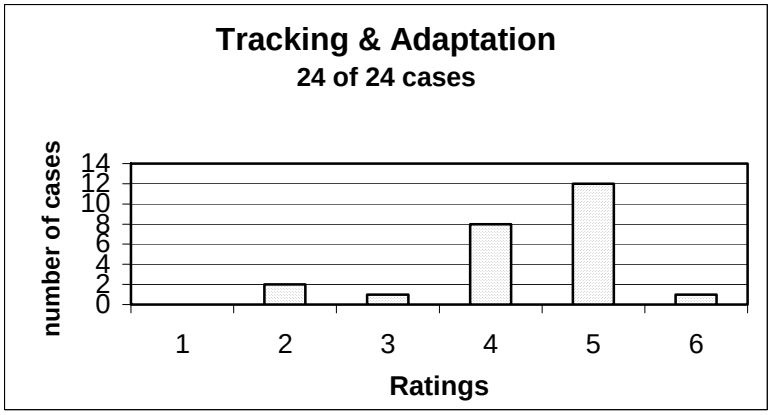
Findings: 75% of cases reviewed were within the acceptable range (4-6), down somewhat from last year's score of 83%.



Tracking and Adaptation

Summative Questions: Are the child and caregiver's status, service process, and results routinely followed along and evaluated? Are services modified to respond to the changing needs of the child and caregiver and to apply knowledge gained about service efforts and results to create a self-correcting service process?

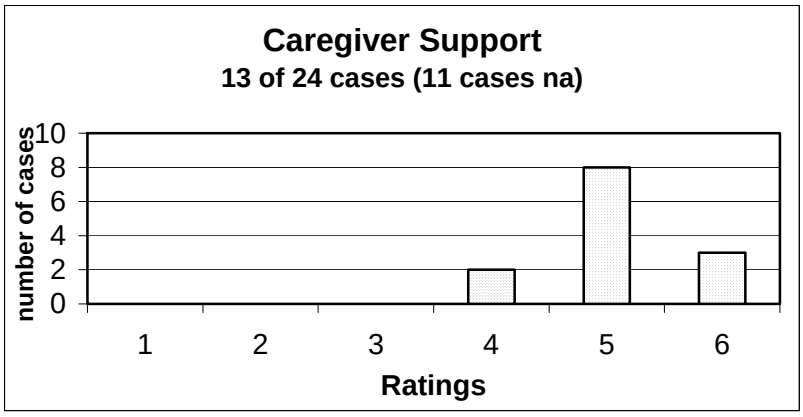
Findings: 88% of cases reviewed were within the acceptable range (4-6). This increased from last year's score of 74% and is above standard.



Caregiver Support

Summative Questions: Are substitute caregivers in the child's home receiving the training, assistance and supports necessary for them to perform essential parenting or care giving functions for this child? Is the array of services provided adequate in variety, intensity and dependability to provide for caregiver choices and to enable caregivers to meet the needs of the child while maintaining the stability of the home?

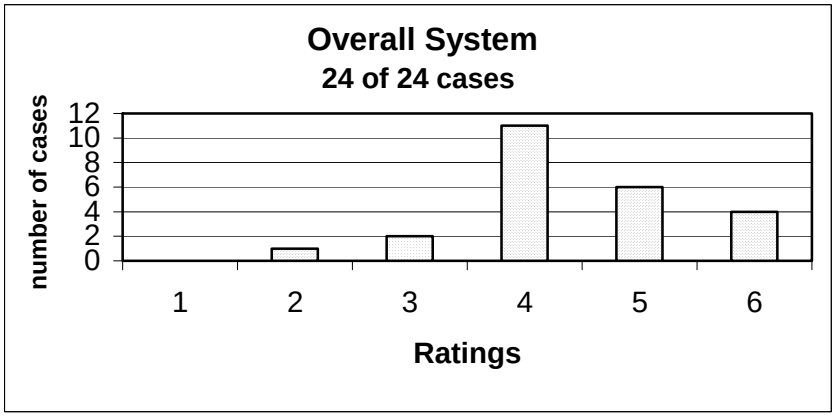
Findings: 100% of cases reviewed were in the acceptable range (4-6). This score has been consistent for the last five years.



Overall System Performance

Summative Questions: Based on the Qualitative Case Review findings determined for System Performance exams 1-11, how well is the service system functioning for this child now? A special scoring procedure is used to determine Overall System Performance for a child.

Findings: 88% of cases reviewed were within the acceptable range (4-6). This score has risen slightly from 83% and is above standard.



Status Forecast

One additional measure of case status is the prognosis by the reviewer of the child and family's likely status in six months, given the current level of system performance. Reviewers respond to this question, "Based on current DCFS involvement for this child, family, and caregiver, is the child's and family's overall status likely to improve, stay about the same, or decline over the next six months? Take into account any important transitions that are likely to occur during this time period. " Of the cases reviewed, 21% (5 cases) were anticipated to be unchanged, 4% (1 case) was expected to decline or deteriorate, and 75% (18 cases) were expected to improve.

Outcome Matrix

The display below presents a matrix analysis of the service testing results during the current QCR. Each of the cells in the matrix shows the percent of children and families experiencing one of four possible outcomes:

- Outcome 1: child and family status acceptable, system performance acceptable
- Outcome 2: child and family status unacceptable, system performance acceptable
- Outcome 3: child and family status acceptable, system performance unacceptable
- Outcome 4: child and family status unacceptable, system performance unacceptable

The desired result is to have as many children and families in Outcome 1 as possible and as few in Outcome 4 as possible. It is fortunate that some children and families do well in spite of unacceptable system performance (Outcome 3). Experience suggests that these are most often either unusually resilient or resourceful children and families, or children and families who have some "champion" or advocate who protects them from the shortcomings of the system. Unfortunately, there may also be some children and families who, in spite of good system performance, do not do well (these children and families would fall in Outcome 2).

The current outcome matrix represents an exceptional level of positive outcomes. Twenty-two cases had an acceptable overall child status and twenty-one cases had an acceptable overall System Performance. These results are admirable.

	Favorable Status of Child	**Unfavorable Status of Child**	
	Outcome 1	**Outcome 2**	
Acceptable System Performance	Good status for the child, agency services presently acceptable. n=20 83%	Poor status for the child, agency services minimally acceptable but limited in reach or efficacy. n=1 4%	**88%**
	Outcome 3	**Outcome 4**	
Unacceptable System Performance	Good status for the child, agency Mixed or presently unacceptable. n=2 8%	Poor status for the child, agency presently unacceptable. n=1 4%	**12%**
	92%	**8%**	

Summary of Case Specific Findings

Case Story Analysis

For each of the cases reviewed in Southwest Region, the review team produced a narrative shortly after the review was completed. The case story narrative contains a description of the findings, explaining from the reviewers' perspective what seems to be working in the system and what needs improvement. Supplementing the numerical scores, the case stories help to provide insight into how system performance affects important outcomes for particular children and families. The case stories are provided as feedback to the caseworker and supervisor responsible for each case reviewed, and all of the case stories are provided to the Office of Services Review for content analysis and comparison with previous reviews.

The summary of case specific findings provides selected examples of results and practice issues highlighted in the current review. Because some of the results are self-evident or have been stable at an acceptable level, only the key Child Status indicators and core System Performance indicators are included.

Child and Family Status

Safety

The safety indicator represents one of the fundamental responsibilities of the child welfare system and scored 92% in the current review, up slightly from 91% scored last year. Although there is no perfect guarantee of safety under any circumstances (within or outside of the child welfare system), safety is more likely when key indicators of system performance are reliably present.

One example of safety was due to tracking and monitoring the placements to keep the child in a safe environment. The team worked together to identify concerns and locate a placement where the child could be safe in the home as well as in the school and community. The team also took into account what was needed to ensure the target child was not a safety concern to others.

> *[Target child] was placed in a foster home in [city] to meet his needs and ensure his safety and the safety of others. [Target child] has sexual reactive issues, aggression, and personal boundary issues coupled with his moderate mental retardation. DSPD did not have resources available in the [previous] area to meet [target child's] requirements for safety. Since his move to [city], [Target child] has achieved substantial safety for himself and others. He is in a foster home that is loving and supportive and does not have young children who could be possible targets for perpetration. He has also been in counseling with a therapist who specializes in sexual issues and dealing with people with disabilities. Also, through the work of the caseworker and the support coordinator they have been able to get the school to provide the structure [target child] needed to be successful by providing a male teacher's aide to assist him one to one.*

In the two cases that scored unacceptable for safety, the target children were safe from others, but they put themselves and others at risk. This is documented in the example below from one of the unacceptable cases.

> *[Target child] is a 14-year-old adolescent with a history of defiant and aggressive behavior in the home towards his mother. He additionally has a history of drug abuse. His drug of choice is marijuana, though he has also used and experimented with alcohol, cocaine, and mushrooms. He has also reportedly experimented with some local plants that allegedly have hallucinogenic properties. [Target child] admits that he regularly abuses drugs and alcohol multiple times a week…During the interviews as well as review of documentation on this case, there were significant concerns noted for [target child's] drug use. [Target child] appears to use drugs in excess of what would be considered normal consumption and openly admits this. Some team members shared the concern that he could accidentally overdose due to this heavy use. [Target child] also has a problem with remaining in the home. He has developed a pattern of going AWOL from his home and being gone for multiple days at a time… It is reported that while gone from his home, [target child] engages in drug use as well as other risky behaviors. As an example, he recently convinced a friend to jump off a bridge with him into shallow water below. While [target child] escaped injury, his friend broke an ankle. Additionally, [target child] reportedly tried to force his younger brother to smoke marijuana. Aside from his substance abuse risks, [target child] has a very big anger problem. He has a history of being violent with his mother and siblings.*

Stability

Stability is an important indicator of well being for children, especially for those in foster care. The Region's performance on this indicator rose from 65% last year to 71% in the sample of cases represented in the current review.

The region's attention to maintaining consistency for a child led to a substantially acceptable stability score in the following case. The team worked together to keep the child's placement stable when issues arose, and are looking ahead to keep her in a stable environment.

> *Stability is substantially acceptable. This is [target child's] first placement since her shelter placement. This is a home that is committed to adoption and has a lifetime commitment to her. When there was an incident with an older foster child in the home, the older girl was moved to another placement in order to keep stability strong. [Target child] has a lot of issues she will need to deal with in the future. The foster mother has asked for more training so she will be able to handle things as they arise in the years ahead. The only change in the coming year is adoption. [Target child] will have the same therapist, same school setting, and same school counselor.*

An unacceptable stability situation was described in another case story. The child and family have had many changes in homes, schools, and services. The team is aware more disruptions are likely, but the issues have not been resolved regarding these problem areas even though the case has been ongoing for over two years.

> *The children were removed from the home, placed in shelter, and then placed with their grandmother in March 2006. They were returned to their parents' home in January 2007. They have moved around living with their parents due to being evicted from rental homes. [Target child] stopped attending regular high school and enrolled in electronic high school. She was unsuccessful at this and then was placed in an alternative school. While these moves were minor during the last year, the concern is that the stability in the future is very uncertain. The compliance with the current plan is not adequate to maintain the children in the home and half of the team feels that the children should either be removed or will likely be removed again for truancy if the in-home case is closed. The child and parents need to have added supports and services to maintain them in the home, and it is very likely that further disruptions could occur within the next year. The team members know the causes of the potential disruption, but the current services are not working effectively to resolve the issues causing the potential disruption. The parents are continuing to use substances, both legal and illegal, and they have not completed their drug treatment. The parents feel that their involvement is due to truancy and are not ready to deal with their drug issues that contribute to problems in the home and their children's school attendance.*

Prospects for Permanence

Permanency is widely recognized as a primary outcome for children in the child welfare system. Performance on this indicator rose from 61% last year to 71% in the current QCR sample.

The following excerpt is an excellent example of achieving permanency for a child. This is a case where the child had been removed from the home and put into foster care. The team worked hard to help support and strengthen the birth family so the children could return home permanently.

> *At the time of this review the children had remained placed with their parents for over eight months with no known set backs. Team reports including observations from the caseworker and daycare provider of appropriate parenting and attachment indicate this is the appropriate placement for the children. The prospects for permanency score has substantial permanence as members of the team indicated their strong belief that the parents were going to continue to be successful in overcoming their drug use problems and continue to improve as a family as their income increases and they complete treatment. The comments from the parents and other team members about how dedicated both parents were, and are, to changing their lives so they can raise their children supports this score. The severity of their drug use and the rapid change to be drug free led to case changes supporting the parents and returning the children to them. The parents*

have not let anyone down for their support as they never had a relapse and have actively participated and attended to all their obligations

In another case with an unacceptable permanency score, the team never came together with a permanency plan and steps to meet that goal. There hasn't been concurrent planning and the team is not in agreement of what the permanency goal should be.

Permanence is another area of this case that still needs some time to get to an acceptable level. [Target child's] family has basically abandoned him. His father seems adamant that he will never return home under any circumstance. The paternal grandma would be willing to have him back in her home, but the son is making her choose between the two of them. Some team members feel that this current foster/proctor placement may be an option in the future for long-term, but others are not sure and it has not been discussed with the foster family yet. This placement is so new that they have no track record of success to demonstrate the commitment to this idea. There are no other options available now. It is not known what would be the funding impacts if the foster family was to step down to basic foster care. They are crafting the plan, stability has not yet been achieved and a few team members are hopeful at best.

Family Functioning and Resourcefulness

The readiness of families to function safely and independently without extensive formal supports is a key long-term indicator of sustainable progress. The score on this indicator dropped significantly from 75% last year to 50% in the current review.

There were some cases where the families reached out and found resources on their own. In some of the cases the parents have worked hard and internalized what they have learned. This is evident in the following case story example.

The mother and the children are functioning well. Mom is seeing that the child is going to school. She is working and had an interview to become a manager at her work. She has a home and she is seeing that the child's needs are being met. Mom still needs reminding to follow through with appointments and going to school meetings. Mom took control of the foster care case and got everything accomplished that she needed to get her children returned. She has been resourceful in finding an AA group in her community. She really likes this group and attends every week.

There were other cases where the team made services available to the family. They worked to help clients meet their needs and tried to empower them to reach out to formal and informal resources, but some families chose not to use the help offered, were distrustful, or minimized safety issues as noted in the following example.

It has been stated that the father is not ready to take on the responsibility of caring for his daughter. He does not take the initiative on his own to visit with

[target child]. He has to be constantly prompted to have the visits and even then, he does not follow through. The father has been described also as not being aware that anything is wrong. He states that the child was removed from the mother, and not from him, because of the mother's problems. He is not at a level of taking responsibility for his own services or in following through with completing what is required of him. He thinks the child should be turned over to him without doing any requirements himself…In addition it is unclear if the father currently has a job. It is reported that he lost a job a few weeks ago and that he was working for a plumber. In the interview with him, he stated that he had to go to work to finish painting the swimming pool in his complex. Everyone on the team believes that if the child is returned to the father, he will give the child to someone else to care for. He grew up with a father that saw him once or twice a year. The team thinks that to him, this is acceptable parenting.

Half of the cases scored on this indicator (14) scored unacceptable. Many of these cases had parents who minimized the problems in the home. There are histories of domestic violence and unstable relationships. Drugs and alcohol are ongoing concerns in many cases. Another issue is mental health needs that are not adequately addressed. Some parents are not taking their medication and others are refusing to attend therapy. These things all impact the family's ability to meet the child's emotional, physical, and financial needs.

System Performance

Child and Family Team/Coordination

The use of child and family teams is a core aspect of the practice model and leads to success in many other areas of system performance. The score on this key indicator of system performance dropped slightly from 83% to 79%. This score is still above standard.

The following is just one example of the effective teaming and coordination that was evident in many of the cases on this review. In this example the caseworker worked to create a complete team and went the extra mile to be aware of culture issues. The team met often and adapted as the case progressed.

Child and Family Team and Coordination scored as substantially acceptable. The caseworker was able to assemble a team that was bi-lingual. The parents and the child participated at their family team meetings. Although the school principal and the counselor from the [counseling center] were not physically at the team meetings, their input was sought before the meeting and any recommendations were conveyed to them after the meeting by the caseworker. Team members shared the same view of the issues affecting the family and agree on the direction of the case. Services and supports were modified and coordinated as needed. For example, the team discovered that the [counseling center] no longer offered a Spanish speaking parenting class; therefore, it was agreed that the parents could complete an online parenting course as long as they could show progress by passing tests at a minimum passing score…The team was able to identify critical issues with the family, set up rules for [target child] to follow, and establish

consequences for the parents to enforce. Every team member identified the caseworker as the point of contact. The school reported great support by the caseworker who was always accessible and provided the school with information about transitions, changes, and issues.

In several of the unacceptable cases the teams were very limited or not yet developed. There was a direct correlation between how a case was progressing and the teaming that was being done. The following example illustrates how lack of teaming impacted the progress of a case.

Although family members are notified of meetings and attend the family team meetings, they feel like they had very little say in what services are necessary and provided and the overall direction of the case. They indicated that the team meetings are not a place where they can resolve problems and express concerns and if they bring up concerns, those appear to be dismissed by the caseworker. The team is limited to the family and a few professionals. The professionals are invited to the meetings and feel like there has been hard work on the case, despite the fact that the work of the team is not moving the family forward. There have been three face-to-face team meetings from March 2007 to April 2008; however, these meetings do not occur at critical times throughout the case. There was not a meeting held in September 2007 when there were several issues noted. The father had lost his job, the family had lost their residence, the parents had not been compliant with drug testing, and the children were struggling in school. There was not a meeting held in January 2008 when the father was arrested for distributing or in March 2008 when the brother was arrested for having drugs in the home. Therefore, no planning occurs around these issues. The family continues to be in denial of these issues and the Division has not been able to find a way to break this denial down and begin making progress on drug issues with the family.

Child and Family Assessment

The child and family assessment indicator rose from 61% last year to 75% in the current review. The following example illustrates how good assessments led to improved outcomes for one child and gave a shared understanding of the underlying needs of the case.

The child and family assessment was a shared understanding of [target child] and what she needed in order to successfully navigate her way to adulthood. The entire team shared this understanding, including the fact that being a part of a permanent, two-parent family was core to [target child's] emotional well-being. Furthermore, the written document provided a clear understanding of the family, the children, the issues confronting them, and the success and lack of success of the interventions attempted over the course of DCFS involvement. The team had clearly been part of developing the assessment and used it to inform their decision-making. Finally, the caseworker has done a good job of updating the written document. As a result, the reviewers judged the child and family assessment to be optimal.

Some of the cases lacked formal and informal assessments. The assessments that were completed were not shared or used in case planning. There was the lack of a comprehensive summary, which complicated the case. This is noted in the following example.

> *Most team members pinpoint around October as when his behaviors seemed to have spiraled down hill the most, but the reason why is not known. The team wanted a neuropsychological last year, but due to circumstances described earlier this did not happen. Many of the team members indicated that what was missing was a comprehensive neuropsychological assessment in a controlled environment. One member stated that it was as though they were treating [target child's] symptoms, not the cause of the problem. The worker recognized this back in December and the decision was to get him into [a residential treatment center]. However, due to a waiting list a bed was not available until the Tuesday before the review. It was reported by [residential treatment center] that although the assessment information was contained in the file they received, it was not assembled in a comprehensive summary but took a long time to dig out. It was also reported that the last mental health evaluation was not very helpful. It appears that the lack of a comprehensive assessment and a thorough knowledge of [target child's] underlying issues have complicated the team's efforts to find the proper adoptive home that will best meet his needs. It is hoped that [current placement] will be the step that is needed for his future success… The IEP that [target child] received in [City] appeared not to adequately identify what he needed.*

Long-Term View

The long-term view indicator increased from 65% last year to 75% in the current review. It is above standard. The importance and usefulness of an acceptable long-term view was clear in a case story example. The long-term view was explicitly written, was adapted and updated as the case progressed and led to a positive outcome for the family.

> *The long-term view has been adapted since the beginning of the case. It initially indicated the children would be returned to both parents, but the court would determine which if any parent would receive and raise the children. The later version adapted as the family made progress to deleting the court's role and by adding additional family goals to improve the family's life. This domain is substantially acceptable and indicates how following the LTV can lead to good outcomes for the family. The parents were able to clearly state what they wanted to see happen and backed it up by their actions. The LTV was written with their input. The outcome of this case indicates that the LTV was used as the guide for the family as most of what they outlined has occurred. The children are back with them, they are drug free, and they are supported by formal and informal services. They talked about their plans to move into a larger home once they finish Drug Court as they are paying for their treatment and those funds will be utilized to*

increase the amount they pay for housing… All members of the team interviewed had the same LTV as the family.

In some of the cases the Long-Term View was not consistent among team members. In the following case the Long-Term View varied among team members and did not address the underlying needs of the family.

The Long-Term View on this case varied depending on which member of the team you spoke with. The written plan was for the father to receive a transplant and return to school. For the mother, the plan was to get DCFS out of her life. No one took ownership of the Long Term View. In speaking with the mother, her goal was to get DCFS out of her life and to do this she just needed to finish her therapy. She had no vested interest in understanding what she needed to do to provide a safe and healthy home for her children. In addition, the father's unwritten goal was to get the transplant and get full custody of the children. There was no planning in the long term view towards what might need to be in place for the father's ongoing health care needs and potential transplant. In addition, it may have been helpful for the Long Term View to include information on maintaining the safety of the children with the continued variability of the health of both parents.

On other cases there were also comments indicating that the long-term view was not realistic and seemed to lack clarity and specificity. As the cases changed, the understanding of team members often was not the same regarding the long-term goals and placements.

Child and Family Planning Process

The region's score on the Child and Family Planning Process indicator rose from 83% last year to 88% this year. There were twenty-one acceptable cases that indicated good casework in the planning process. The following excerpt is an excellent example of a good individualized plan that adapted to changing situations and needs.

The plans that followed plotted a course towards a special visa, towards continued vocational training, training in independent living skills and for a transition from independent permanency to emancipation. Along the way various stakeholders came at odds about the best course of action. The team was caught somewhat off guard by the pronouncement of [target child's] juvenile court judge, who made it a personal goal to have [target child] learn English faster. With the advocacy of the GAL, based on team decisions, a very specific order for English learning was avoided. However, had not the team been on the same page, and had not the decision making process satisfied the GAL, a much more restrictive order may have been handed down. The planning process followed the star identified in [target child's] long-term view and the steps line up accordingly. Planning process is optimal given the big picture focus, family involvement and individualization of the intervention.

In another case the plan was not individualized or updated as the case took a new direction. Team members did not have input in creating the plan and the plan did not have the steps needed to ensure success of the family. Additionally, it appears the plan was not completed in a timely manner.

> *The plan for the child is mixed with some very generic aspects with one part that is a little more specific to the child. The first part of the plan is full of standard statements such as, "the need to ensure the child's safety, permanency and well-being, including dental, mental health. . ." The steps include such statements as "The child(ren)/youth will, if at all possible, be placed with kin or at least restrictive most family-like setting. . ." It does not provide statements that include the child's specific needs. Toward the end of the document, the plan is a little more specific. It specifies the child's name but still is a little generic. There are strengths that could be added to the plan to help create a better picture of the child and her current success such as the child's current positive health status, the child's level of success in education from when she first came into the system and any other successes she has experienced. The plan could also include steps that would help the child maintain at her current level in the identified areas.*

Plan Implementation

Plan Implementation decreased slightly from 83% to a score of 79%. The region has consistently been above standard in this area. In the following example, implementing the plan is effectively meeting the teenage child's needs. The team adapts and coordinates programs to address the needs on the plan.

> *All aspects of the plan have been or are currently being implemented or in some way addressed. These include physical and mental health, hygiene, academics, speech, scouting, church activity, exploration of possible vocational/educational opportunities beyond high school, and teaching [target child] the tools he needs to one day have a healthy relationship with biological family. The intensity of the services being provided is sufficient to produce desired results as [target child] has made tremendous progress. Adaptations have been made as needed based on feedback and monitoring. The plan is consistent with the long-term view as well as principles of good practice. [Target child] has made significant progress in every area of his life and the plan provides a holistic blueprint for continued success. DCFS and RISE teams have done an excellent job of implementing and monitoring the plan.*

The following excerpt is from one of the cases that scored unacceptable. The services and objectives in the plan have not been addressed. The parent did not sign the plan until after the review began, which could indicate a lack of understanding on what was expected; therefore the plan is not being implemented as explained in this excerpt.

> *Plan implementation also did not score as acceptable. This family has been involved with DCFS since September 2007. Services for the mother contained in*

that initial plan include that she will complete a substance abuse evaluation, have DV services, complete a mental health evaluation for herself and her children, and complete a parenting course. She started a parenting course and counseling but quit halfway through each service last fall. DV services did not begin until just a few weeks prior to the QCR despite it being on the service plan dated 9/28/07. The PSS service plan provided for the QCR contained all those services listed plus a few more. The current plan for the family includes additional objectives for the mother such as medication management, individual counseling, and following the recommendations of her psychological assessment. At this point only the DV assessment has been completed for the mother as she has had a few sessions of DV counseling. Additionally, [target child] is required to have a mental health assessment, substance abuse assessment, anger management, individual and family therapy, as well as go to school. The mental health assessments are scheduled but not completed. Anger management and the substance abuse evaluation for [target child] have not occurred. [Target child] is also not in school. It should also be noted that though the current plan dates back to March of this year, the mother did not sign the plan until the second day of this QCR review.

Tracking and Adaptation

The tracking and adaptation indicator achieved a score of 88%, which is an increase to last year's score of 74% and is above standard. Tracking and adaptation reflects the team's efforts to monitor a case and respond to changes.

Many of the cases showed constant tracking and monitoring, and plans were adapted or services added as needed. The following case is an example of being able to address issues quickly and efficiently due to excellent tracking of formal and informal information in the case.

The worker and team have also done a good job of tracking what [target child] needed and adapting their decisions along the way. When [target child's] behaviors escalated after [birth mother] showed up with the new baby, the intensity and focus of therapy was adapted to address the concerns. With a strong understanding of how important permanency was to [target child], the worker helped [birth parents] see that relinquishing their parental rights would be an act of love and pave the way for adoption by families who already knew and loved the children…[Adoptive mother] is held in very high esteem by the entire team and has a proven track record of being able to deal with issues and concerns. The entire team supports her work with [target child] and has helped provide the tools she needs to be successful.

Another case is an example where lack of tracking is a key factor to many of the concerns in this case. There is a direct link between lack of monitoring and slow progress on this case.

The history of tracking and adapting on this case is unacceptable at the time of this review and has been a barrier to success. There is a pattern of limited

monitoring and communication among key team members when it comes to assessing needs and planning for services. Examples of this include when the second suicide attempt was made by [target child's] mother. There were no team meetings held according to interviews and documentation available, though this brought up serious concerns with respect to her ability to care for her children. She is also presently not taking her medications as prescribed, yet there appears to be little to no action on the part of the team to address this problem aside from encouraging the mother to consult her doctor. Additionally there was a large lack of progress on the case in terms of implementing services that appears to be attributed to a lack of monitoring. This is beginning to change since the new caseworker has received the case. These barriers to success have contributed significantly to the lack of effective results on this case.

Exceptional Casework

There were several examples of exceptional casework. Workers dealt with many barriers and found creative solutions to difficult situations. Here are a few examples of outstanding problem solving and professionalism.

One case involved an older youth from another county. He was present when his mother was stabbed to death by his father and tried to intervene to save her. Following his mother's murder he was placed in protective custody. The district attorney at the shelter hearing said he needed the youth as a material witness in the murder trial and he could not return to his home country with his siblings. The youth did not speak English, was not in the United States legally and had not been attending school. Initially the team could not agree on a plan. The caseworker was able to reach early compromises with influential team members to develop an independent living and individualized permanency plan. The worker was able to work with the Department of Homeland Security and obtain a special visa for victims of a violent crime. This youth is mature beyond his years. He showed a great deal of initiative, responsibility and resilience. His desire was to become a United States citizen and further his skills in construction. The worker advocated for this young man to receive vocational training. Because of his efforts the youth was able to further his skill and knowledge of rock facing in the construction industry. The worker met with Department of Motor Vehicles in order to get a family vehicle registered in the client's name. Medical needs were met even though a Medicaid card could not be obtained. The child received grief counseling. The client is in a safe, culturally appropriate and supportive placement with a large formal and informal support system. He has turned eighteen years old and is renting a room in the home of a supportive extended family member. He is also involved with a church group who is very supportive. He is working and going to school. This case was built on the strengths of the young man who is now ready to live on his own. The plan is to close the case when the new visa is in place. Getting an eighteen-year-old ready for life's challenges is difficult at best. The work done in this case has furthered his vocational skills, increased his income, changed his legal status and connected him to an extended family and other informal supports.

Another skilled worker was able to return a child home and close a case just seven months after removal. In the beginning of this case the family and teenager were opposed to getting help and were very distrustful. This was largely due to their illegal status and fear of deportation. The case

was successful because of the caseworker's cultural awareness, her non-judgmental attitude and her engaging manner toward a family who was resistant and did not agree with the system. Spanish speaking staff were included as team members. The Child and Family Team Meetings were held in Spanish and the plan was translated into Spanish. When services in Spanish were unavailable in the community, the team adapted by thinking outside the box and found a parenting class online. Because of continuous tracking and assessing, services were identified and implemented quickly. Trust was built and the family actively worked the plan and internalized positive changes. The child's behaviors changed from angry and ungovernable to compliant and her parents learned to set and enforce boundaries with love. There has been such a change in the family dynamics that neighbors have come to this family for advice. The parents want to teach others parenting skills and share what they have learned.

One excellent caseworker worked with a family that had a long history with DCFS. A sixteen-year-old boy had been in custody for about 26 months. He experienced significant problems in foster care. He had been in several homes and spent time at a mental health treatment center. The center asked DCFS to find another placement because they could not help him. He continued to struggle with encopresis, enuresis, poor grades, speech impediments, and had been mis-diagnosed with mental retardation. This worker was skilled and competent in identifying what was needed and finding a long-term placement that could meet his needs. Because of the work on this case the child's progress has been phenomenal. His speech and grades have improved and the enuresis has stopped. Remarkable improvement is evident in his evaluations. The psychiatrists and therapists state he is not retarded; he is extremely intelligent and has somewhat of a photographic memory. He is now reading a great deal and is able to recall and recite what he has read. By having a stable, secure, and nurturing environment he is making progress that most of those interviewed called a miracle.

V. Recommendations for Practice Improvement

At the conclusion of the week of Qualitative Case Reviews, there is an opportunity for a conversation between the review team, regional staff, and community stakeholders about the strengths observed during the review process and opportunities for continued practice improvement. Because of the advancing state of practice in the Region, there was a conscious effort to focus on a small number of issues with the greatest promise of contributing to continued improvement in practice and outcomes.

Practice Improvement Opportunities

During the exit conferences noted above, most of the examples of practice improvement opportunities fell within the indicators summarized below. These represent indicators that were topics in three focus groups held during the exit conference. Workers from the region, along with reviewers, met in cluster groups to identify barriers to good practice and to identify ways to improve.

Stability

- There is a lack of foster homes, which gives few options in placing children. Children often have to change schools, therapists, and live apart from siblings. It would help to have more recruiting for foster families.
- Better assessments up front would help match a child to the placement.
- Sometimes there is pressure for a quick placement. This often creates putting a child somewhere temporarily and creates additional changes and instability. The worker needs to be able to take the time needed to identify a good placement up front. The family needs full disclosure at the time of placement.
- Foster families need more support in order to maintain difficult children in their homes. Some of the suggestions included returning phone calls quickly, providing ongoing respite and not just in a crisis situation, more training, and helping foster parents attend cluster groups.
- The children have more severe problems. There are not enough structured foster homes available and training is limited for those who would like to do structured care.
- It would help to increase education on attachment issues for all of the team.
- Workers should review the reason for every move and track trends in the region. Information needs to be shared with new families on what worked in the past and what did not work.
- Better concurrent planning would help strengthen stability.
- More Resource Family Consultants in the region would help provide a support system to the resource families.

Long-Term View

- In some cases the team held different views of what the long-term goal was. The future needs were not defined.
- The long-term view did not always take into account what the child and family wanted. Caseworkers need to help the families process the long-term view and get a clear vision of what is needed.
- Reviewers saw a need for long-term views that outlined transitions to exit the system and explained how to succeed independent of DCFS. The plans often lacked clarity and specificity. Lack of assessments was a factor.
- Many workers felt there was a system barrier of having a clear definition of what a long-term goal needs to entail.
- The long-term view needs to be reassessed regularly with the team members. Every time there is a new assessment, the long-term goals need to be readdressed.
- Early concurrent planning would assist the team identify long-term goals.

Child and Family Assessments

- The community partners need to be involved in the assessment process. Sometimes the schools are left out, or informal assessment information from extended family and friends is not gathered.
- There needs to be open communication with all of the team members regarding assessments. Documents need to be shared.

- Past assessments need to be available for mental health partners. This would improve the services the family is getting.
- Understanding cultural differences is critical in gathering information about the family.
- There needs to be thorough assessing up front before placing a child. Assessments need to identify underlying concerns for the family's plan.

Recommendations

At the Exit Conference the Office of Services Review presented areas that reviewers had identified as needing improvement. Reviewers had several comments about what they were seeing as challenges to improving practice around these indicators. Even though some of the indicators dropped a little, the region was above standard in all areas reviewed.

Reviewers commented that the Child and Family Teams need to be more unified. There were community partners and schoolteachers who felt they did not have complete information and did not feel like they were part of the team. Several cases were disconnected in the communication process. If critical pieces of information had been shared earlier, it would have made a difference in moving one of the cases along much faster. In another case miscommunication led to lack of support for the caregiver. In a different case the timeline was not understood by some of the team members and needed services were not developed.

Several reviewers noted the Long-Term View is not always understood and everyone on the team is not always working for a common goal. The Long-Term View needs to focus on what the family will need in order to have DCFS no longer involved in their life. Workers need to help the family process this to get a better vision of what is needed. The team needs to have a common understanding of the Long-Term View and the concurrent plan.

Emerging Trends

The region continues to deal with macro economic challenges. The cost of housing has escalated. DCFS feels they cannot compete with private sector wages and therefore they deal with a high turnover rate among caseworkers. In the random pull of cases for the 2008 QCR, 16 out of 24 (two-thirds) of the caseworkers reviewed had been employed in child welfare for two years or less and only eight workers had more than two years experience. Just two years ago, the data from the 2006 QCR indicated there were 21 of 24 workers with two years or more casework experience and only three had two years or less.

Worker Experience	2006	2008
Two years or more casework experience	21	8
Two years or less experience	3	16

DCFS caseloads have also increased as shown in the next table. The number of workers in the sample with seventeen cases or more has risen from 7 workers in 2006 to 12 workers in 2008. The data shows that the workers have less experience and are carrying a higher caseload.

Caseload of Workers Reviewed	2006	2008
17 or more cases	7 workers	12 workers
16 or fewer cases	17 workers	12 workers

Many people have moved into the region, which has created an increase in child welfare cases. The most current census information available shows that Washington County's population (St. George area) was 90,354 in 2000 and rose to 126,312 in 2006. This is an increase of almost 40%. Iron County (Cedar City area) rose from 33,779 people in 2000 to 40,544 people in 2006, which is a 20% increase. The other counties have shown smaller increases.

Population	2000	2006	% Increase
Washington County	90,354	126,312	40%
Iron County	33,779	40,544	20%

Over the past five years the number of DCFS cases has increased while the nature of the cases has become increasingly complex. Several people interviewed felt the cases were more difficult than in the past and dealt with much more than neglect and abuse. Of the 24 cases reviewed this year, 14 dealt with mental illness, 12 dealt with substance abuse, 10 dealt with domestic violence and 6 dealt with disabilities. Some cases had more than one of these issues. Other issues included sexual abuse both as the victim and perpetrator, delinquency, and illegal status.

	2004	2005	2006	2007	2008
SCF Cases	93	99	115	140	197
PSC Cases	13	18	9	5	10
PSS Cases	87	87	71	92	66
PFP / PFR	0	6	2	0	0
Total	193	210	197	237	273
% Increase	na	9%	(9%)	20%	15%

Six of the cases reviewed had children or their siblings placed out of the region. Two of the homes were for disabled children (RISE homes), three were placed with kin out of region, and one needed a structured home not available in the Southwest Region. This creates challenges for the caseworkers in tracking and monitoring the cases, teaming, coordination, communication, and requires time to travel for visits, team meetings etc.

Concerns were voiced not only by DCFS workers, supervisors and administration, but also by others in the community. In the Stakeholder Interviews held prior to the review, there were several groups concerned about these emerging trends. Health care personnel are concerned that new workers don't understand about the health reports and there are less seasoned workers to assist them. They also noted that there is an increase of Fetal Alcohol, Autism, Aspergers, Reactive Attachment and compromised brain functioning. There is a lack of available resources and workers do not have experience with many of these issues.

The Quality Improvement Committees are made up of community partners who meet to review information and data that measure DCFS's performance. They feel that the growth in DCFS has

not kept up with the growth in the communities. They are concerned about a lack of resources as well as a shortage of foster homes. The legal partners, including the representatives interviewed from the Attorney General's Office and Guardian ad Litem's Office, noted that there is an increase of inexperienced workers and supervisors. One sex abuse case was jeopardized because a new worker was not aware of protocol and another CPS case was not followed through up on in a timely manner. They acknowledged that the caseworkers were trained and competent, but with large caseloads and lack of experience some things are falling between the cracks. Many people in the community are looking at ways to maintain workers and foster parents and slow down the turnover rate.

VI. Summary

In spite of challenges Southwest region was above standard on overall Child Status, overall Systems Performance, and all core indicators. They have worked well with community partners to address the issues and concerns they are facing. There is ready access to CASA workers. There are more peer parents and they have recruited peer parents that speak Spanish, so language barriers are being reduced. The State has met with the Paiute Nation and they are combining resources to meet the needs of children and families in the Native American culture. Immersion Days have brought awareness to the community and helped build support systems.

The Southwest Region worked hard to improve system performance this past year. Four out of the six core indicators in system performance increased, and the indicators that slightly declined were still well above standard. The region is striving to meet the needs of the clients while improving relations with the community. The Immersion Days, bringing more community partners into the Child and Family Teams, more individualized plans and better assessing have all played a part in the success of this region.

Safety, Stability, and Prospects for Permanence improved this past year. Health and Physical Well-being remained at 100%, which indicates every child is having his or her physical needs met appropriately. These are core indications of how a child is doing and what the prospects for the future hold. The Southwest Region is doing a remarkable job meeting the needs of children and families while continuing to address challenges.

VII. Appendix

I. Background Information

The Division of Child and Family Services (the Division) completed a comprehensive plan for the delivery of services to families and children in May 1999 entitled The Performance Milestone Plan (the Plan) pursuant to an order issued by United States District Court Judge Tena Campbell. On October 18, 1999 Judge Campbell issued an order directing the Division as follows:

- The Plan shall be implemented.
- The Child Welfare Policy and Practice Group (the Child Welfare Group) shall remain as monitor of the Division's implementation of the Plan.

The Plan provided for four monitoring processes. Those four processes were: a review of a sample of Division case records for compliance with case process requirements, a review of the achievement of action steps identified in the Plan, a review of outcome indicator trends and, specific to the subject of this report, a review of the quality of actual case practice. The review of case practice assesses the performance of the Division's regions in achieving practice consistent with the practice principles and practice standards expressed in the Plan, as measured by the Qualitative Case Review (QCR) process.

The Plan provided for the QCR process to be employed as one method of assessing frontline practice for purposes of demonstrating performance sufficient for exit from the David C. Settlement Agreement and court jurisdiction. Related to exit from qualitative practice provisions, the Division must have achieved the following in each Region in two consecutive reviews:

- 85% of cases attain an acceptable score on the child and family status scale.
- 85% of cases attain an acceptable score on the system performance scale, with core domains attaining at least a rating of 70%.

The Plan anticipated that reports on the Division's performance, where possible, will be issued jointly by the Child Welfare Group and the Division, consistent with the intent of the monitor and the Division to make the monitoring process organic to the agency's self-evaluation and improvement efforts.

On June 28, 2007, Judge Tena Campbell approved an agreement to terminate the David C. lawsuit and dismiss it without prejudice. This ended formal monitoring by the Court Monitor and changed the focus of qualitative case reviews. Rather than focusing on whether or not a region meets the exit criteria, the primary focus is now on whether the region is advancing or declining with a secondary focus on whether the region is above or below standard, with the 85% and 70% levels that were part of the exit criteria being the standards. Particular attention is drawn to indicators that show a "marked decline," which is a decline of 8.34 percent or more from the standards set forth in the Milestone Plan.

II. Practice Principles and Standards

In developing the Plan, the Division adopted a framework of practice, embodied in a set of practice principles and standards. The training, policies, and other system improvement strategies addressed in the Plan, the outcome indicators to be tracked, the case process tasks to be reviewed, and the practice quality elements to be evaluated through the QCR process all reflect these practice principles and standards. They are listed below:

Protection	Development	Permanency
Cultural Responsiveness	Family Foundation	Partnerships
Organizational Competence	Treatment Professionals	

In addition to these principles or values, the Division has express standards of practice that serve both as expectations and as actions to be evaluated. The following introduction and list is quoted directly from the Plan.

> *Though they are necessary to give appropriate direction and to instill significance in the daily tasks of child welfare staff, practice principles cannot stand alone. In addition to practice principles, the organization has to provide for discrete actions that flow from the principles. The following list of discrete actions, or practice standards, have been derived from national practice standards as compiled by the CWPPG, and have been adapted to the performance expectations that have been developed by DCFS. These practice standards must be consistently performed for DCFS to meet the objectives of its mission and to put into action the above practice principles. These standards bring real-life situations to the practice principles and will be addressed in the Practice Model development and training.*
>
> 1. *Children who are neglected or abused have immediate and thorough assessments leading to decisive, quick remedies for the immediate circumstances, followed by long-range planning for permanency and well-being.*
>
> 2. *Children and families are actively involved in identifying their strengths and needs and in matching services to identified needs.*
>
> 3. *Service plans and services are based on an individualized service plan using a family team (including the family, where possible and appropriate, and key support systems and providers), employing a comprehensive assessment of the child and family's needs, and attending to and utilizing the strengths of the child and his/her family strengths.*
>
> 4. *Individualized plans include specific steps and services to reinforce identified strengths and meet the needs of the family. Plans should specify steps to be taken by each member of the team, time frames for accomplishment of goals, and concrete actions for monitoring the progress of the child and family.*

5. *Service planning and implementation are built on a comprehensive array of services designed to permit children and families to achieve the goals of safety, permanence and well-being.*

6. *Children and families receive individualized services matched to their strengths and needs and, where required, services should be created to respond to those needs.*

7. *Critical decisions about children and families, such as service plan development and modification, removal, placement and permanency are, whenever possible, to be made by a team including the child and his/her family, the family's informal helping systems, foster parents, and formal agency stakeholders.*

8. *Services provided to children and families respect their cultural, ethnic, and religious heritage.*

9. *Services are provided in the home and neighborhood-based settings that are most appropriate for the child and family's needs.*

10. *Services are provided in the least restrictive, most normalized settings appropriate for the child and family's needs.*

11. *Siblings are to be placed together. When this is not possible or appropriate, siblings should have frequent opportunities for visits.*

12. *Children are placed in close proximity to their family and have frequent opportunities for visits.*

13. *Children in placement are provided with the support needed to permit them to achieve their educational and vocational potential with the goal of becoming self-sufficient adults.*

14. *Children receive adequate, timely medical and mental health care that is responsive to their needs.*

15. *Services are provided by competent staff and providers who are adequately trained and who have workloads at a level that permit practice consistent with these principles.*

III. The Qualitative Case Review Process

Historically, most efforts at evaluating and monitoring human services such as child welfare made extensive, if not exclusive, use of methods adapted from business and finance. Virtually all of the measurements were quantitative and involved auditing processes: counting activities, checking records, and determining if deadlines were met. Historically, this was the approach during the first four years of compliance monitoring in the David C. Settlement Agreement. While the case process record review does provide meaningful information about accomplishment of tasks, it is at best incomplete in providing information that permits meaningful practice improvement.

Over the past decade there has been a significant shift away from exclusive reliance on quantitative process oriented audits and toward increasing inclusion of qualitative approaches to evaluation and monitoring. A focus on quality assurance and continuous quality improvement is now integral not only in business and in industry, but also in health care and human services.

The reason for the rapid ascent and dominance of the "quality movement" is simple: it not only can identify problems, it can help solve them. For example, a qualitative review may not only identify a deficiency in service plans, but may also point to why the deficiency exists and what can be done to improve the plans. By focusing on the critical outcomes and the essential system performance to achieve those outcomes, attention begins to shift to questions that provide richer, more useful information. This is especially helpful when developing priorities for practice improvement efforts. Some examples of the two approaches may be helpful:

AUDIT FOCUS:
"Is there a current service plan in the file?"

QUALITATIVE FOCUS:
"Is the service plan relevant to the needs and goals and coherent in the selection and assembly of strategies, supports, services, and timelines offered?"

AUDIT FOCUS:
"Were services offered to the family?"

QUALITATIVE FOCUS:
"To what degree are the implementation of services and results of the child and family service plan routinely monitored, evaluated, and modified to create a self-correcting and effective service process?"

The QCR process is based on the Service Testing™ model developed by Human Systems and Outcomes, Inc., which evolved from collaborative work with the State of Alabama, designed to monitor the R. C. Consent Decree. The Service Testing™ model has been specifically adapted for use in implementing the Plan by the Division and by the court monitor, the Child Welfare Group, based on the Child Welfare Group's experience in supporting improvements in child welfare outcomes in 11 other states. Service Testing™ represents the current state of the art in

evaluating and monitoring human services such as child welfare. It is meant to be used in concert with other sources of information such as record reviews and interviews with staff, community stakeholders, and providers.

The Utah QCR process makes use of a case review protocol adapted for use in Utah from protocols used in 11 other states. The protocol is not a traditional measurement designed with specific psychometric properties. The QCR protocol guides a series of structured interviews with key sources such as children, parents, teachers, foster parents, Mental Health providers, caseworkers, and others to support professional appraisals in two broad domains: Child and Family Status and System Performance. The appraisal of the professional reviewer examining each case is translated to a judgment of acceptability for each category of functioning and system performance reviewed using a six-point scale ranging from "Completely Unacceptable" to "Optimally Acceptable." The judgment is quantified and combined with all other case scores to produce overall system scores.

The Utah QCR instrument assesses child and family status issues and system performance in the following discrete categories. Because some of these categories reflect the most important outcomes (Child and Family Status) and areas of system functioning (System Performance) that are most closely linked to critical outcomes, the scoring of the review involves differential weighting of categories. For example, the weight given permanence is higher than for satisfaction. Likewise, the weight given Child and Family Assessment is higher than the weight for successful transitions. These weights, applied when cases are scored, affect the overall score of each case. The weight for each category is reflected parenthetically next to each item. The weights were chosen by Utah based upon their priorities at the time the protocol was developed.

Child and Family Status	System Performance
Child Safety (x3)	Child/Family Participation (x2)
Stability (x2)	Team/Coordination (x2)
Appropriateness of Placement (x2)	Child and Family Assessment (x3)
Prospects for Permanence (x3)	Long-Term View (x2)
Health/Physical Well-Being (x3)	Child and Family Planning (x3)
Emotional/Behavioral Well-Being (x3)	Plan Implementation (x2)
Learning Progress (x2) OR,	Supports/Services (x2)
Learning/Developmental Progress (x2)	Successful Transitions (x1)
Caregiver Functioning (x2)	Effective Results (x2)
Family Functioning/Resourcefulness (x1)	Tracking Adaptation (x3)
Satisfaction (x1)	Caregiver Support (x1)
Overall Status	**Overall System Performance**

The fundamental assumption of the Service Testing™ model is that each case is a unique and valid test of the system. This is true in the same sense that each person who needs medical attention is a unique and valid test of the health care system. It does not assume that each person needs the same medical care, or that the health care system will be equally successful with every patient. It simply means that every patient is important and that what happens to that individual patient matters. It is little consolation to that individual that the type of care they receive is *usually* successful. This point becomes most critical in child welfare when children are

currently, or have recently been, at risk of serious harm. Nowhere in the child welfare system is the unique validity of individual cases clearer than the matter of child safety.

Service Testing™, by aggregating the systematically collected information on individual cases, provides both quantitative and qualitative results that reveal in rich detail what it is like to be a consumer of services and how the system is performing for children and families. The findings of the QCR will be presented in the form of aggregated information. There are also case stories written at the conclusion of the set of interviews done for each case. They are provided to clarify the reasons for scores assigned, to offer steps to overcome obstacles or maintain progress, and as illustrations to put a "human face" on issues of concern.

Methodology

Cases reviewed were randomly selected from the universe of the case categories of out-of-home (SCF), Protective Family Preservation (PFP) services, Protective Services Supervision (PSS), and Protective Service Counseling (PSC) in the Region. These randomly selected cases were then inserted into a simple matrix designed to ensure that critical facets of the Division population are represented with reasonable accuracy. These variables stratified the sample to ensure that there was a representative mix of cases of children in out-of-home care and in their own homes. Cases were also distributed to permit each office in the Region to be reviewed and to assure that no worker had more than one of his/her cases reviewed. Additional cases were selected to serve as replacement cases, a pool of cases used to substitute for cases that could not be reviewed because of special circumstances (AWOL child, lack of family consent, etc).

The sample thus assured that:

- Males and females were represented.
- Younger and older children were represented.
- Newer and older cases were represented.
- Larger and smaller offices were represented.
- Each permanency goal is represented.

Reviewers

Due to the recent approval of the agreement between the parties to the David C. Lawsuit and the cessation of formal monitoring, no reviewers from the Child Welfare Group participated on this review. Reviewers were all from Utah and were drawn from the Office of Services Review, DCFS, and community partners.

Stakeholder Interviews

As a compliment to the individual case reviews, the Office of Service Review staff interview key local system leaders from other child and family serving agencies and organizations in the Region about system issues, performance, assets, and barriers. These external perspectives provide a valuable source of perspective, insight, and feedback about the performance of Utah's child welfare system. In some years, focus groups with DCFS staff, consumer families, youth, foster parents, or other stakeholders are a part of this aspect of the review process. Their observations were briefly described in a separate section.